

REPORT BY THE

Comptroller General

OF THE UNITED STATES

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Role And Use Of Optometry In The Veterans Administration Need Improvement

Studies showed that a significant percent of veterans who seek medical care in Veterans Administration facilities also have eye or vision disorders which require some form of treatment. Many of them may not be receiving needed eye or vision care because VA has only a limited number of providers of this type of care--mostly ophthalmologists.

One way to meet the workload would be to expand the role and number of optometrists in the VA health care system. VA has not done so because of a number of problems.

GAO made this review at the request of the Chairman of the Subcommittee on HUD--Independent Agencies, Senate Committee on Appropriations.



HRD-78-129
JUNE 21, 1978



COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-133044

The Honorable William Proxmire
Chairman, Subcommittee on HUD-
Independent Agencies
Committee on Appropriations
United States Senate

Dear Mr. Chairman:

In response to your letter, dated April 29, 1976, this is our report, entitled "Role and Use of Optometry in the Veterans Administration Need Improvement." The subject of this report relates to our review, still in progress, of the Veterans Administration (VA) hospital-medical school affiliation program. A separate report on other aspects of the entire VA hospital-medical school affiliation program will be sent to you later.

As requested by your office, we have not obtained written agency comments on the matters discussed in the report. However, we have discussed these matters with agency officials and have included their comments, as appropriate.

As agreed with your office, we have limited distribution of the report to VA. Also, as agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 10 days from the date of the report. At that time we will send copies to interested parties and make copies available to others upon request.

Sincerely yours,


ACTING Comptroller General
of the United States

COMPTROLLER GENERAL'S
REPORT TO THE SUBCOMMITTEE
ON HUD-INDEPENDENT AGENCIES
COMMITTEE ON APPROPRIATIONS
UNITED STATES SENATE

ROLE AND USE OF OPTOMETRY
IN THE VETERANS ADMINISTRATION
NEED IMPROVEMENT

D I G E S T

There is a need for the Veterans Administration (VA) to expand its eye/vision care services for eligible veterans seeking medical care and treatment at VA medical facilities.

Based on available information, a significant percent of veterans have eye/vision disorders which require some type of care and/or treatment. Under VA's present eye/vision care program, many of these veterans may not be receiving needed care and treatment.

One alternative in meeting the eye/vision care needs of veterans would be to expand VA's use of optometrists. These individuals are specifically trained to examine eyes to determine eye/vision abnormalities, prescribe corrective lenses, and refer patients with suspected diseases or injuries to physicians. Experience at the Birmingham and other VA medical facilities, as well as other health care systems, has demonstrated that the use of optometrists has been beneficial to patient care.

In comparison to other health care systems, VA employs few optometrists, even though recent legislation improved its ability to recruit and retain optometrists. Furthermore, VA participates in few optometric training programs, although legislation authorized it to participate in such programs in cooperation with schools and colleges of optometry.

VA has made an effort to improve its eye/vision care program by employing optometrists and participating in academic affiliations with schools and colleges of optometry. However, VA's efforts have been hindered because

of resistance from ophthalmologists, space and/or funding limitations, and lack of adequate direction and planning from VA Central Office.

To date, VA has done little to overcome these problems. VA Central Office has delegated its central management responsibilities to individual hospital and clinic directors. In view of the limited success of expanding optometric programs in these hospitals and clinics, GAO believes that the Central Office should assume a more active role to insure that the development of such programs is successful.

RECOMMENDATIONS

The Administrator of Veterans Affairs should direct the Chief Medical Director to:

- Determine the adequacy of existing optometrist/ophthalmologist staffing and eye/vision care programs at each VA medical facility for meeting the needs of veterans seeking care and treatment.
- Develop eye/vision care programs using both optometrists and ophthalmologists to strengthen those programs considered to be inadequate.
- Develop guidelines which set forth optimal optometrist/ophthalmologist staffing levels and the roles and responsibilities of optometrists with emphasis on their interaction with ophthalmologists in VA medical facilities.
- Increase VA's participation in the education and training of optometrists in cooperation with schools and colleges of optometry.

At the request of the Subcommittee, VA was not given the opportunity to provide written comments on the report before its release to the Subcommittee. GAO did discuss these matters with agency officials and has included their comments, as appropriate.

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ABBREVIATIONS

DM&S	Department of Medicine and Surgery
GAO	General Accounting Office
HEW	Department of Health, Education, and Welfare
OPC	Outpatient Clinic
SUNY	State University of New York
VA	Veterans Administration

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CHAPTER 1

INTRODUCTION

In an April 29, 1976, letter, the Chairman, Subcommittee on HUD-Independent Agencies, Senate Committee on Appropriations, asked us to review the Veterans Administration (VA) hospital-medical school affiliation program authorized by the Veterans Hospitalization and Medical Services Modernization Amendments of 1966 (38 U.S.C. 4101(b) and 5051). One aspect of the program the Chairman asked us review was the extent to which medical schools influence appointments to medical positions at VA hospitals.

This report concerns the subject of optometric care and discusses

- the eye/vision care needs of the veteran population,
- the extent to which VA has developed programs that use the services of optometrists,
- the extent to which medical school affiliations and other factors inhibit VA's use of the services of optometrists in VA medical facilities, and
- whether actions taken by VA regarding the development of optometry programs at VA medical facilities are adequate in view of recent legislation.

At the request of the Chairman, we are issuing a separate report on the use of optometry in VA medical facilities. A comprehensive report on the VA hospital-medical school affiliation program will be issued later.

BACKGROUND

VA's Department of Medicine and Surgery (DM&S) is responsible for providing medical care (including optometry) for eligible veterans, primarily through the largest centrally directed health care system in the United States-- 172 hospitals, 219 outpatient clinics, 89 nursing homes, and 16 domiciliaries. During fiscal year 1976, over 1.1 million veterans were admitted to VA hospitals and over 28,000 veterans were admitted to non-VA hospitals under VA contract. In addition, about 16.4 million visits were made for outpatient medical care, including 14.2 million visits to VA staff and 2.2 million visits to private physicians on a fee-for-service basis. On any single day, on the average, about 180,000 veterans received care from VA in its own facilities or under contract in fiscal year 1976.

The Veterans Health Care Expansion Act of 1973, Public Law 93-82, approved August 2, 1973, amended section 4107 of title 38 United States Code and authorized, among other things, the establishment of the position of "Director of Optometry" within DM&S. The act also authorized VA to develop and carry out programs of education and training of health manpower in cooperation with such accredited educational institutions as schools and colleges of optometry.

In Senate Rep. No. 94-1206, 94th Cong., 2d Sess. 97(1976), the Senate Committee on Veterans' Affairs reported that the number of optometrists employed by VA was substantially below the number one would expect VA to employ in view of the size, age, and demographic characteristics of the VA patient population. The Committee further reported that several barriers have deterred or prevented VA from hiring additional optometrists. These barriers included (1) the absence of an Optometric Service in VA Central Office to coordinate recruitment and retention efforts and enhance the professional status of VA optometrists, (2) the lack of continuing medical education opportunities within VA for these personnel, and (3) non-competitive salaries within VA for optometrists, particularly at the mid- and advanced-career levels.

The Veterans Omnibus Health Care Act of 1976, Public Law 94-581, approved October 21, 1976, was intended to address these barriers. The act amended section 4102 of title 38 United States Code by establishing an Optometric Service within DM&S. Also, the act abolished the position "Director of Optometry," who was responsible to the Director of Surgical Service, and established the position "Director of Optometric Service" to be appointed by the Administrator and responsible to the Chief Medical Director for the operation of the Optometric Service. The act also transferred optometrists from the general schedule pay system of title 5 of the United States Code and placed them under the DM&S pay and personnel system of title 38. The act intended that incorporating optometrists into the DM&S pay and personnel system would improve their professional status, salaries and working conditions, and opportunities for professional and academic associations with institutions of higher learning.

PROVIDERS OF EYE/VISION CARE

Eye/vision care in the United States is generally provided by opticians, ophthalmologists, and optometrists. Opticians do not provide direct patient care; they make, fit, supply, and adjust corrective lenses according to a written prescription from an ophthalmologist or an optometrist.

Ophthalmologists are physicians specifically trained to diagnose and treat eye diseases and abnormalities, as well as prescribe eyeglasses. They have undergone a minimum of 4 years of graduate work in the study of eye disease and treatment, following graduation from medical school. Three of these years must be spent in a hospital residency training program studying subjects which include developmental abnormalities of the eye, bacterial and viral transmission of disease, pathology, ocular manifestations or diseases of other parts of the body, and principles of eye surgery.

Optometrists are not physicians. The Institute of Medicine of the National Academy of Sciences, in describing primary health professionals who are direct providers of patient care, defined an optometrist as:

"* * * a health professional who performs eye examinations to determine the presence of visual, muscular, or neurological abnormalities, and prescribes lenses, other optical aids, or therapy, such as eye exercises to enable maximum vision. Optometrists are trained to recognize disease conditions of the eye and ocular manifestations of other diseases and to refer patients with these conditions to the appropriate health professional."

The United States has 13 schools or colleges of optometry which had a total enrollment of 4,033 students during the 1976-77 academic year. These schools and colleges provide 4 years of professional study which leads to a degree of Doctor of Optometry. All of these schools and colleges require at least 2 years of undergraduate courses for admission. Presently, 70 percent of the students entering optometric schools or colleges have an undergraduate degree.

Optometric education includes specific curriculum and clinical training related to the detection of ocular disease and manifestation of systemic disease, such as diabetes. Based on the educational and clinical experience, an optometric student must demonstrate, for both graduation and licensure, a mastery of the skill and knowledge necessary for the detection and treatment of visual disorders in patients. The basic curricula of optometry schools include subjects such as biological sciences, physiological optics, pathology, and clinical patient care.

The clinical experience for the optometry student begins in the second year and expands until, in the fourth year, the student devotes at least one-half of his/her time to patient care under supervision in a clinical setting, gaining experience in such subjects as contact lenses, low vision therapy, basic eye examinations, and the prescription of lenses.

Upon graduation students can participate in an optional 1-year residency program. Currently, about 10 such residency programs are available to the graduates of the 13 schools or colleges of optometry.

All States require optometrists to pass written exams in order to receive a license to practice optometry. In addition, 43 States require continuing education for license renewal.

As of January 1977, 21,900 optometrists and 9,322 ophthalmologists were practicing in the United States.

SCOPE OF REVIEW

We reviewed legislation, studies, and correspondence pertaining to the use of optometrists in VA. We obtained information from officials at VA Central Office in Washington, D.C., who were primarily responsible for administering VA's Optometric Service.

In addition, we obtained information from officials at the New York VA Hospital and at the State University of New York, State College of Optometry, regarding that school's efforts to establish an affiliation with VA medical facilities. We also obtained information from the American Optometric Association and the National Center for Health Statistics, Department of Health, Education, and Welfare (HEW).

CHAPTER 2

EYE/VISION CARE NEEDS OF

VETERANS MAY NOT BE MET

Based on available information, there is an unmet need for eye/vision care among veterans eligible for inpatient and ambulatory care in VA hospitals and clinics. Unlike other health care systems, VA has not established an overall effective eye/vision care program which uses both optometrists and ophthalmologists to meet this need.

As discussed in chapter 3, several factors have hindered VA from expanding its use of optometrists.

EYE/VISION CARE NEEDS OF THE VETERAN POPULATION

Vision disorders rank third after heart disease and arthritis among the chronic conditions that restrict the ability of Americans to lead normal lives. The likelihood of a person being affected by a vision disorder which requires medical attention and/or causes reduced activity increases steadily and substantially with age.

According to the National Center for Health Statistics, 90 percent of Americans between the ages of 45 to 74 wear corrective lenses, as compared to 44 percent of those people between the ages 18 to 44. The Center also estimates that 13 percent of the American population between the ages of 45 to 74 have a significant eye abnormality which requires medical care, as compared to 5 percent of the population between the ages of 20 to 44. Significant eye abnormalities include cataracts and glaucoma, but exclude those conditions easily correctible with prescribed lenses.

As of fiscal year 1976, 57 percent of the Nation's 29.6 million veterans were 45 years of age or older. Of those veterans who seek care in VA medical facilities, most have low incomes and do not have health insurance. The relationship of family income and the ability to care for visual disorders, according to the Center, indicates that low-income groups have a higher proportion of untreated eye abnormalities and/or worse vision than higher-income groups.

To date, VA has not performed a system-wide analysis of the need for eye/vision care among the veteran population. However, several reports contain estimates of the need for

such care among veterans. Also, studies made at VA facilities having optometric programs indicate that large percentages of veterans seeking medical care were also in need of eye/vision care. According to VA's Director of Optometric Service, the needs found at these facilities would be fairly representative of those throughout the VA health care system, particularly in large metropolitan areas. These reports and studies are discussed below.

Report of the Joint Project Team

In 1977 the Joint Project Team of the American Optometric Association and the Association of Schools and Colleges of Optometry submitted a report to DM&S addressing the need for the development of optometric services within the VA health care system. In its report the team estimated that over (1) 19 million or 65 percent of the veteran population have a correctable vision defect and (2) 11.6 million or 39 percent of the veterans require an annual vision examination. (Although one could assume that many of these veterans already have corrective lenses, available information indicates that a large number of veterans using VA medical facilities have vision defects that require correction and may not be getting it.)

Report on the numbers of veterans with severe vision impairments

In an August 1977 report, VA's Director of Optometric Service estimated, based on extrapolations from national surveys, that 500,000 veterans have significant vision impairments (vision less than 20/40) that cannot be corrected by ordinary eyeglasses or contact lenses. Of these, 140,000 are estimated to be visually impaired to the extent they cannot read newsprint, and 45,000 are estimated to be legally blind (vision in the better eye is 20/200 or less with the best correction by ordinary glasses or the visual field is less than 20 degrees). The director noted that about 75 percent of the legally blind veterans would have some useful vision remaining which could, with optometric examinations and prescribed vision aids, be improved. He pointed out that VA only provides rehabilitative care to 1 percent of the estimated 45,000 legally blind veterans yearly and that these efforts are primarily directed toward those veterans who are totally blind.

Study of optometry section
Birmingham VA Hospital

In 1975 the optometry section at the Birmingham VA Hospital made a study to assess its first 2-1/2 years of operation covering January 1973 to May 1975. 1/ The purpose of the study was to determine the number and ages of veterans seen in the section and to classify their vision problems and treatments.

Using a survey of clinical records, the study showed that the Birmingham optometry section provided complete eye examinations to 1,428 veteran patients. At the time of their examinations, 633 or 44.3 percent of the veterans were outpatients who received care through outpatient clinic appointments. The remaining 55.7 percent or 795 veterans were inpatients who had been hospitalized for various medical reasons. The patients ranged in age from 20 to 85 years, with a mean age of 50.3 years.

The results of the study showed that about 50 percent of the patient population had not received any vision care within 3 years prior to being examined by optometrists. Thirty-five percent of the veterans had received no vision care in over 6 years, and 12.4 percent had never received any vision care.

Seventy percent or 1,056 of the veterans were found to be in need of either corrective lenses or significant changes in their current prescriptions to obtain maximum visual clarity. About 14 percent or 200 veterans were found to have suspected disease or trauma requiring referral to physicians in other hospital services. Eighty percent of the referrals were to ophthalmology, 8 percent to neurology, and 12 percent to other services. (These statistics are consistent with those which had previously been developed by the optometry section after its initial 10 months of operation, indicating the need for optometric services among veterans at the Birmingham VA Hospital is fairly constant.)

The study concluded that the unmet need of veterans for vision care and the ability of optometry to meet this need by expanding the comprehensiveness and quantity of available hospital eye/vision services strongly demonstrated the need for optometrists at the Birmingham and other VA hospitals.

1/R. N. Kleinstein and R. D. Newcomb, "A Descriptive Epidemiological Study of Optometry Services in the Birmingham Veterans Administration Hospital," Journal of the American Optometric Association (Dec. 1976), 1542-1545.

Study of undiagnosed eye/vision disorders
at Birmingham VA Hospital

In 1975 the chief of the optometry section, Birmingham VA Hospital, made a study to assess the prevalence of undiagnosed eye/vision disorders at the hospital. 1/ To carry out the study, 101 patients were selected from those patients seeking care at the hospital for health concerns other than visual or ocular. Only those patients who had not had an eye examination within 2 years participated in the study. The participating veterans were stratified according to race, age, and sex.

The study showed that of the 101 veterans

--34 reported their last eye examination was more than 2 years but less than 3 years ago,

--30 reported their last eye examination was 3 to 4 years ago,

--16 said their last eye examination had been 5 to 10 years ago,

--11 said their last eye examination was more than 10 years ago, and

--10 said they never had a complete eye examination.

Optometric examinations of the veteran participants showed that 54.4 percent needed either prescription lenses for the first time or a significant change in their current lenses to achieve maximum clear vision. Nine percent were found to need further medical care--two were referred to ophthalmology as glaucoma suspects and seven were referred to internal medicine as either hypertensive, diabetic, or thyrotoxicosic suspects. Of the six veterans who kept their appointments to be further examined, five had their suspected conditions later confirmed.

Based on this clinical data, the study projected that 11,750 of the 21,600 new ambulatory patients seen annually at the Birmingham hospital would be expected to be in need

1/R. D. Newcomb, "Prevalence of Undiagnosed Eye/Vision Disorders in a VA Hospital," Journal of the American Optometric Association (Sept. 1976), 1145-1150.

of eye/vision care. Under VA's present system, the study pointed out that these veterans would not receive eye/vision care unless they specifically requested it.

Reports of optometry
section at the Los Angeles
Outpatient Clinic

The Los Angeles Outpatient Clinic (OPC) operates an optometry section which submits monthly reports to VA Central Office indicating the number of veterans examined and the types of treatment provided. According to these reports, the optometry section gave complete eye examinations to 598 veterans between June and September 1977. Of these, 65 percent or 389 veterans were found to need corrective lenses or a change in their present prescription.

In addition about 26 percent or 154 veterans were found to have symptoms suggesting the presence of ocular or systemic disease. About 56 percent of these patients were referred to medical services for treatment. According to the chief of the section, the other 44 percent of the patients with signs of disease were not referred either because their condition had been or was being treated or the condition was old and healed or untreatable.

The chief of the section told us that many of the veterans having ocular or systemic disease would not have been detected if they had not been examined by the optometry section.

Thirteen percent or 78 veterans who had received eye exams during the above 4-month period had been referred to the optometry section from other services in the OPC. Fifty-eight percent of the veterans were found to have a vision problem, and 33 percent showed signs of ocular or systemic disease.

OPTOMETRIST/OPHTHALMOLOGIST STAFFING
IN HEALTH CARE SETTINGS

The United States has approximately two active optometrists for every active ophthalmologist. According to an HEW report, 1/ the optometrist's role as a provider of primary care has steadily increased in importance. This trend

1/Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration, "Report to the Congress: Reimbursement Under Part B of Medicare for Certain Services Provided by Optometrists," (July 1976).

has received impetus in recent years from the larger roles assumed by optometrists in military health care settings and in institutional settings, such as health maintenance organizations. In these settings, optometrists are used extensively for making initial eye examinations to detect eye/vision disorders. In contrast, VA relies almost exclusively on ophthalmologists to perform these services. In Senate Rep. No. 94-1206, 94th Cong., 2d Sess. 98(1976), the Senate Committee on Veterans' Affairs stated that increased use of optometrists by VA would be cost-efficient and would expand the scope of VA's eye care program. The Committee believed the addition of optometrists in significant numbers would free ophthalmologists to perform the diagnostic and surgical procedures for which they were trained and would result in higher quality care being provided at lower costs.

Use of optometrists in military settings

Within military medical installations, there are about 2.0 optometrists for every ophthalmologist. According to the July 1976 HEW report, the military has implemented a practice whereby ophthalmologists, optometrists, and medical corpsmen work together to provide eye/vision health care. In this setting, optometrists serve as primary care personnel, who are responsible for determining whether the problem of the patient is within their scope of treatment or whether the patient should be referred to another health professional.

Use of optometrists in health maintenance organizations

In health maintenance organizations the ratio of optometrists to ophthalmologists is 3.9 to 1. According to the July 1976 HEW report, the Group Health Association of Washington, D.C., which provides care for 50,000 people, employs 5 full-time and 2 part-time optometrists and 2 full-time ophthalmologists. The optometrists evaluate all patients with vision problems and refer them to ophthalmologists as necessary. Experience in this and other health maintenance organizations indicates that using optometrists is compatible with good quality health care and enables ophthalmologists to achieve their optimal level of function as highly specialized medical and surgical practitioners.

The HEW report points out that optometrists can be effective in detecting eye abnormalities and identifying patients who must be referred to physicians for further examination.

Use of optometrists
in VA

According to a VA official, VA relies much more on ophthalmologists than do other organized health care systems. The ratio of ophthalmologists to optometrists in the VA system is approximately 10 to 1.

As of March 1978, VA employed a total of 8 full-time and 14 part-time optometrists and 5 optometric residents. They also used the services of 42 consultant and attending optometrists.

In contrast, VA employs 24 full-time and 121 part-time ophthalmologists, as well as 182 ophthalmology residents. In addition, over 360 consultant and attending ophthalmologists serve in various VA facilities.

CURRENT VA OPTOMETRIC PROGRAMS

As noted earlier, VA employs eight full-time optometrists, one at each of the following VA facilities

- St. Petersburg, Fla., OPC;
- Boston, Mass., OPC;
- Memphis, Tenn., VA Hospital;
- San Diego, Calif., VA Hospital;
- Martinsburg, W.Va., VA Hospital;
- Albany, N.Y., VA Hospital;
- Miami, Fla., VA Hospital; and
- Mountain Home, Tenn., VA Hospital.

The Boston OPC also employs an optometric resident, and the Miami VA Hospital employs one part-time optometrist.

Fifty-nine of the 172 VA hospitals have optometric services provided by part-time optometrists, consultant or attending optometrists, or optometric students or residents. According to a VA official, these optometrists work an average of 1/2 day per week.

One hundred and five VA hospitals have no optometric staff coverage. According to VA's Director of Optometric Service, most of these facilities could effectively use optometrists.

VA's optometric training programs

Through academic affiliations with 8 schools of optometry, VA provides training for about 50 optometric students annually at various VA facilities. The first such program began in 1973 at the Birmingham VA Hospital, where a hospital-based optometry section was established in cooperation with the School of Optometry at the University of Alabama in Birmingham. This optometry section is staffed by fourth-year optometry students and optometric technician students who are supervised directly by two part-time VA optometrists who hold faculty appointments at the School of Optometry. At the Birmingham VA Hospital, the students participate in vision screening in the admission area, in addition to seeing patients in the optometry clinic.

Another optometric training program is carried out at the Los Angeles OPC in cooperation with the Southern California College of Optometry. At this facility fourth-year optometric students are trained under the supervision of an optometry school faculty member. All patients who seek care at the OPC with an ocular and/or vision complaint are directed to the optometry section for evaluation and referral to other services as necessary. Other services within the OPC also refer patients to the optometry section for evaluation. The statistics showing the results of this program are discussed on p. 9.

The Cleveland VA Hospital provides training to two optometric students in cooperation with the Indiana University School of Optometry. This hospital employs no optometrists and the students are supervised by the chief resident in ophthalmology.

Two students from the Ohio State University College of Optometry receive clinical training at the Chillicothe VA Hospital. The students are at the hospital 2 days a week and are supervised by faculty from the optometry school.

The Chicago (West Side) VA Hospital is affiliated with the Illinois College of Optometry. The hospital provides training to two students 1 day a week under the supervision of an optometry school faculty member.

Two students are trained 1/2 day a week at VA's Palo Alto Blind Rehabilitation Clinic. These students are from the University of California, Berkeley School of Optometry, and are supervised by a consulting optometrist.

The West Haven VA Hospital is affiliated with the New England College of Optometry. At this facility, two optometry students receive training in the blind center.

The Mountain Home, Tennessee, VA Hospital is affiliated with the Southern College of Optometry and the New England College of Optometry. Under this affiliation, the schools alternate sending one student to participate in the training program. According to VA's Director of Optometric Service, only one or two students have received training at this facility within the last 2 years and the program has been temporarily suspended.

VA provides training for a total of five optometry residents at the following VA facilities in affiliation with the listed schools or colleges of optometry

- Kansas City, Mo., VA Hospital -
Illinois College of Optometry,
- Lexington, Ky., VA Hospital -
Indiana University School of Optometry,
- Salt Lake City, Utah, VA Hospital -
University of California, Berkeley School
of Optometry,
- Chillicothe, Ohio, VA Hospital -
Ohio State University, College of Optometry, and
- Boston, Mass., OPC -
New England College of Optometry.

Expansion of VA optometry staff

VA's Director of Optometric Service was allocated, in fiscal year 1978, 30 new full-time equivalent optometrist positions. In assigning these positions, he said that he gives priority to those hospitals which have an existing or potential affiliation with a school of optometry, a patient care need, and a "friendly" ophthalmology section that is willing to cooperate with an optometric program. The director said he wants the new optometrists to be full-time VA employees with faculty appointments at affiliated optometry schools.

The director told us that, as of April 1978, 23 VA hospitals have been authorized to fill a total of 25 full-time equivalent optometrist positions. Of these hospitals, nine have existing affiliations, and nine are establishing new affiliations or intend to do so in the near future. Seven of the 23 hospitals have no optometric coverage at present. Many of the hospitals have identified a heavy eye/vision workload, as well as a large backlog of patients requiring such care.

CHAPTER 3

FACTORS CONTRIBUTING TO LIMITED

USE OF OPTOMETRISTS IN VA

As discussed earlier, VA has made an effort to improve its eye/vision care program by employing optometrists and participating in academic affiliations with schools of optometry. However, VA's efforts have been hindered because of

- resistance from ophthalmologists,
- space and/or funding limitations, and
- lack of adequate direction and planning from VA Central Office.

RESISTANCE FROM OPHTHALMOLOGISTS

The services provided by ophthalmologists and optometrists in private practice greatly overlap each other. Many of these ophthalmologists spend a large proportion of their professional time performing services that are within the scope of optometry. This overlapping of services has led to economic competition between the two professions.

Adding to this competition is the recent enactment of legislation in several States allowing optometrists to use diagnostic drugs to detect certain vision defects and indications of disease. ^{1/} Some ophthalmologists view this legislation as an encroachment on their profession because they believe it could lead to the practice of medicine by optometrists.

^{1/}States permitting optometrists to use diagnostic drugs:
California--Cal. Bus. and Prof. Code §3041 (west); Delaware--
Del. Code tit. 24 §2116; Kansas--Kan. Stat. §65-1501;
Louisiana--La. Rev. Stat. Ann. §37:1041; Maine--Me. Rev.
Stat. tit. 32 §2419; Oregon--Or. Rev. Stat. §683.010;
Pennsylvania--Pa. Stat. Ann. tit. 63 §231 (Purdon); Rhode
Island--R.I. Gen. Laws §5-25-1; Tennessee--Tenn. Code Ann.
§63-802(1).

States permitting optometrists to use drugs for diagnostic
or therapeutic purposes: North Carolina--N.C. Gen. Stat.
§90-114; West Virginia--W. Va. Code §30-8-1(a).

According to VA's Director of Optometric Service, one factor contributing to the lack of understanding and cooperation between the two professions is the existence of separate clinical training programs with little attempt to integrate them. As a result, both types of practitioners often rely on "gossip" or press statements by the more reactionary members of their respective professions for information about the other. The director believes that use of both types of professionals in eye clinics leads to good relations and provides them an opportunity to learn each other's background, training, and competence.

The director further believes that, from managerial and clinical perspectives, eye clinics staffed by both optometrists and ophthalmologists can provide the most cost-effective and optimum eye/vision care for veteran patients. In November 1975 VA's Ophthalmological Advisory Committee endorsed this policy by stating that eye care should be and is best provided through integrated ophthalmologic-optometric-rehabilitative teams with the ophthalmologist being the team leader. However, VA Central Office has not required individual hospitals or clinics to use the team approach. The decision to employ optometrists or pursue optometric affiliations is made at the local hospital level and, according to VA officials, this practice will continue.

The eight optometry schools already affiliated with VA facilities have encountered resistance in establishing additional affiliations with other VA facilities. The remaining five optometry schools have been unable to affiliate with a VA medical facility even though VA Central Office has encouraged the schools to do so. Generally, these affiliations and/or the employment of optometrists are rejected due to resistance from the hospitals' ophthalmologists or from affiliated medical schools' departments of ophthalmology. Examples of optometry programs that were rejected primarily due to such resistance follow.

Dayton, Ohio, VA Hospital

In September 1976 Dayton, Ohio, VA Hospital officials met with faculty members from the Ohio State University College of Optometry to discuss the possibilities of an academic affiliation. According to VA's Director of Optometric Service, the hospital's chief of staff indicated that many of the veterans at the hospital required optometric care but were not receiving it because of a staff shortage.

At that time, eye/vision care at the Dayton hospital was provided on a part-time basis by one or two ophthalmologists and an ophthalmology resident from the Ohio State University College of Medicine.

In December 1976 the hospital director informed VA Central Office that he was unable to establish an optometry program because the Chairman, Department of Ophthalmology, Ohio State University College of Medicine and the hospital's chief of ophthalmology opposed the program and had threatened to withdraw their services if the program were initiated.

The opposition from ophthalmology not only precluded the development of an optometric affiliation, but according to VA's Director of Optometric Service, more recently caused the hospital's chief of staff to withdraw his request for one of the new full-time optometrist positions discussed earlier.

Marion, Indiana, VA Hospital

In December 1974, the Marion, Indiana, VA Hospital advised VA Central Office that the services provided by a consulting ophthalmologist were satisfactory but inadequate for meeting the needs of the hospital. The hospital pointed out that he was unable to handle the large patient load and there was a backlog of patients needing eye examinations. To meet these patient care needs, the hospital and the Indiana University College of Optometry proposed an affiliation whereby fourth-year students would provide, under faculty supervision, vision screening exams to hospital patients and refer those with a suspected medical condition to the consulting ophthalmologist.

The consulting ophthalmologist opposed the optometry program and refused to share the patient workload at the hospital with anyone other than an ophthalmologist. He stated that he would resign if the optometry program was initiated. Since the consultant was the only ophthalmologist available to the hospital, hospital officials decided against an optometric affiliation at the risk of losing his services.

According to VA's Director of Optometric Service, the Marion VA Hospital was recently given the opportunity to hire a staff optometrist, but declined the offer. The director told us that he believed this refusal also stemmed from the consulting ophthalmologist's opposition.

Danville, Illinois, VA Hospital

In November 1976, the chief of staff at the Danville, Illinois, VA Hospital expressed an interest in establishing an optometric affiliation with the Indiana University School of Optometry. At that time, two consulting ophthalmologists provided the eye services at this facility. One ophthalmologist was willing to participate in the program; however, the other was not.

Subsequently, the hospital received a letter from the Illinois Association of Ophthalmology stating an optometric program would be deleterious to the health of the veteran patients. Due to the pressure from this organization, the hospital decided not to proceed further with the affiliation at that time. According to VA's Director of Optometric Service, this hospital also declined to accept an offer from VA Central Office to fund a full-time optometrist position.

Other VA facilities

According to VA's Director of Optometric Service, other optometry schools have tried to affiliate with VA medical facilities, but these attempts have been rejected because of opposition from ophthalmologists or departments of ophthalmology of affiliated medical schools. For example, he said that the Ferris State College of Optometry tried to establish a training program at the Ann Arbor, Michigan, VA Hospital, but the school's efforts were rejected, as was the offer from VA Central Office to fund a staff optometrist position. The hospital's chief of staff told the director that he could not employ an optometrist because of pressure from the affiliated medical school.

In January 1978 VA Central Office was asked to provide funds to employ an optometrist at the Long Beach, California, VA Hospital. According to VA's Director of Optometric Service, before requesting this position, the hospital's chief of staff had consulted with the chairman of the department of ophthalmology at the affiliated medical school and had determined that the chairman would be willing to "allow" an optometrist at the VA hospital. However, the department chairman later stipulated this optometrist would have to have a doctorate level degree and do only research work. Because the chief of staff and VA Central Office were primarily interested in having an optometrist for patient care activities, the chief of staff withdrew the hospital's request for an optometrist position.

Also, the director said that the Southern College of Optometry expressed an interest in affiliating with the Memphis, Tennessee, VA Hospital, but has not pursued an affiliation because the chairman of the department of ophthalmology at the affiliated medical school is opposed to optometry.

SPACE AND FUNDING LIMITATIONS IN VA HEALTH CARE FACILITIES

Optometric programs have also been rejected by various VA health care facilities because of space and/or funding limitations. In some cases, these limitations have been augmented by resistance from affiliated medical schools' departments of ophthalmology. Below are examples of optometry programs which have been rejected due to lack of funds and/or space.

New York, N.Y., VA Hospital

In February 1977 officials from the New York, N.Y., VA Hospital met with officials from the State University of New York (SUNY), State College of Optometry, to discuss the possibilities of establishing an optometric training program at the VA Manhattan OPC, administered by the New York VA Hospital. School officials pursued an affiliation at the OPC in lieu of the hospital itself because they believed there would be less opposition from the affiliated medical school's ophthalmology department.

Because the New York VA Hospital officials were interested in providing optometric services to veterans, the school, in June 1977, submitted a proposal for developing an optometric program at the Manhattan OPC. The school proposed that optometrists would provide initial eye examinations to patients with eye or vision complaints and refer those suspected of having disease or injury to ophthalmologists or other physicians.

After reviewing the proposal, New York VA Hospital officials decided an affiliation agreement with SUNY State College of Optometry was not possible. The reasons given for this decision were that funds were not available to provide space renovations, staffing, supplies, and equipment and the workload at the OPC was too low to justify the activation of an optometry clinic.

School officials said they believed that the hospital's rejection was influenced by "political" pressure from the

department of ophthalmology at the affiliated medical school. They stated that funding was not a problem because the school had indicated that renovations were not necessary and had offered to provide the necessary equipment to start the program.

In our discussions of this situation with VA hospital officials, they claimed their decision had been based on insufficient funds and a low patient workload. The hospital officials said they were concerned that the school, once affiliated, would try to expand its training program beyond the limits of the hospital's funding. They had also indicated to VA's Director of Optometric Service that the staff ophthalmologists objected to optometrists acting as the providers of primary eye care, screening patients with eye/vision disorders, and referring patients to ophthalmologists and other physicians as necessary.

SUNY State College of Optometry now is attempting to establish an optometric program within the New York VA Hospital itself. VA hospital officials said that an optometric program within the hospital is of low priority because they believe the ophthalmology section is providing satisfactory eye/vision care to the hospital veteran population. They also said they lack the funds and the space to implement a program within the hospital.

Brooklyn, N.Y., VA Hospital

In August 1975 a SUNY State College of Optometry official wrote the assistant chief of staff at the St. Albans Division of the Brooklyn VA Hospital expressing an interest in developing an affiliation with that facility. According to the school official, the assistant chief of staff was interested in developing an optometric program and suggested that the school officials contact the associate chief of staff for education to discuss such a program. The school official was unable to contact the associate chief of staff for education but was informed that the hospital was unable to establish an optometry program at that time. The assistant chief of staff for the St. Albans Division later told the school official that the hospital's program had been committed to the medical school and that establishment of an optometry program would have to be cleared with the affiliated medical school.

In December 1976 the school again approached the Brooklyn VA Hospital and the St. Albans Division in regard to establishing an optometry program. In January 1977 the Brooklyn VA Hospital informed the school that an affiliation with either

the hospital or the St. Albans Division was not possible because it had space limitations and was committed to a number of new programs developed to strengthen its medical school affiliation.

Houston, Texas, VA Hospital

In December 1977 VA's Director of Optometric Service wrote the chief of staff at the Houston VA Hospital indicating he would authorize and fund a full-time optometrist position at the Houston hospital if the hospital would provide adequate space and affiliate with a college of optometry. Previously, the hospital had informally advised the director of its desire to employ an optometrist and that space might be made available in a neighboring building. However, in responding officially to the director's offer, the hospital director stated that suitable space was not available for an optometry program. VA's Director of Optometric Service believed that the department of ophthalmology at the affiliated medical school had influenced the hospital's decision.

OPTOMETRY PROGRAMS
NEED DIRECTION FROM CENTRAL OFFICE

Although VA's Ophthalmological Advisory Committee had endorsed a policy of cooperation between optometrists and ophthalmologists in 1975, VA Central Office had not, as of March 1978, been effective in implementing many new optometry programs throughout the VA health care system.

VA's Director of Optometric Service said that the primary responsibilities of his office are to recommend policies, provide guidelines, and evaluate the performance of VA optometry programs. He said, like other program directors within VA Central Office, he has no "real power" and can make no line decisions. Accordingly, the director's ability to improve the role of optometrists and develop optometry programs in VA is limited.

As of March 1978, VA had not established program guidelines for the operations of its optometric services. In our opinion, such guidelines are needed to define the optometrists' duties and responsibilities, and specifically how optometrists and ophthalmologists would interact in a VA health care setting. Currently, VA hospitals with optometric services operate under program guidelines developed locally or they have no guidelines. As a result, the scope of eye care programs at these hospitals is inconsistent.

VA's Director of Optometric Service told us that, for the most part, individual hospitals determine the nature of the ophthalmologic-optometric relationship within their respective hospitals. As a result of this practice, he said that little improvement has been made in having optometrists and ophthalmologists work together.

In November 1977 VA Central Office issued a circular outlining the organization of optometry activities of VA health care facilities. Specifically, the circular noted that optometrists would be responsible to the facility's chief of surgery for professional and administrative supervision. At those facilities that have no chief of surgery, the circular noted that optometrists would be responsible to the chief of staff.

The circular was an attempt to establish a compromise between ophthalmologists and optometrists in VA. The optometrists had believed they should be directly responsible to the chief of staff; while the ophthalmologists believed they should supervise the optometrists. In placing optometrists and ophthalmologists under the supervision of the chiefs of surgery or staff, VA Central Office intended the chiefs would act as liaisons between the two groups.

Shortly after the circular was issued, the VA Ophthalmology Consultants' Committee advised the VA Chief Medical Director to rescind the circular. The Committee noted that the circular

"* * * allow for drastic degradation in the quality of eye care for patients at VA facilities by eliminating the necessity for professional supervision of Optometrists by Ophthalmologists, contains the potential for increased malpractice at VA facilities, and constitutes a unique and dangerous precedent * * *"

VA's Director of Optometric Service said the Committee's reaction to the circular exemplifies the hostilities between the two professions. The director told us that, as of March 1978, no action has been taken by VA Central Office to rescind the circular.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

There is a need for VA to expand its eye/vision care services for eligible veterans seeking medical care and treatment at VA medical facilities.

Based on available information, a significant percent of veterans have eye/vision disorders which require some type of care and/or treatment. Under VA's present eye/vision care program, many of these veterans may not be receiving needed care and treatment.

One alternative in meeting the eye/vision care needs of veterans would be to expand VA's use of optometrists. These individuals are specifically trained to examine eyes to determine eye/vision abnormalities, prescribe corrective lenses, and refer those patients with suspected disease or injury to physicians. Experience at the Birmingham and other VA medical facilities, as well as other health care systems, has demonstrated that the use of optometrists has been beneficial to patient care.

In comparison to other health care systems, VA employs few optometrists even though recent legislation improved its ability to recruit and retain optometrists. Furthermore, VA participates in few optometric training programs, although legislation authorized it to participate in such programs in cooperation with schools and colleges of optometry.

VA has made an effort to improve its eye/vision care program by employing optometrists and participating in academic affiliations with schools and colleges of optometry. However, VA's efforts have been hindered because of resistance from ophthalmologists, space and/or funding limitations, and lack of adequate direction and planning from VA Central Office.

To date, VA has done little to overcome these problems. VA Central Office has delegated its central management responsibilities to individual hospital and clinic directors. In view of the limited success of expanding optometric programs in these hospitals and clinics, we believe that VA Central Office should assume a more active role to insure that the development of such programs is successful.

RECOMMENDATIONS TO THE ADMINISTRATOR
OF VETERANS AFFAIRS

We recommend that the Administrator direct the Chief Medical Director to:

- Determine the adequacy of existing optometrist/ophthalmologist staffing and eye/vision care programs at each VA medical facility for meeting the needs of veterans seeking care and treatment.
- Develop eye/vision care programs using both optometrists and ophthalmologists to strengthen those programs considered to be inadequate.
- Develop guidelines which set forth optimal optometrist/ophthalmologist staffing levels and the roles and responsibilities of optometrists with emphasis on their interaction with ophthalmologists in VA medical facilities.
- Increase VA's participation in the education and training of optometrists in cooperation with schools and colleges of optometry.

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